



Product Code: 3005 UIN: IRDAN115P0015V02200708

Ref. No. W40507140
Date: Jul 31, 2019
VIJAY KAUTIKRAO PATIL
FLAT NO 7 2ND FLOOR NANDAN VILLA APPARTMENT DNYANESHWAR
NAGAR PATHARDI PHATA NASHIK
NASHIK
MAHARASHTRA 422009
Mobile No: 9423495884

Sub: Risk Assumption Letter

Dear Sir/Madam,

Thank you for choosing ICICI Lombard General Insurance Company Limited (ICICI Lombard) as your preferred service provider.

Please find enclosed Policy No. **3005/176785818/00/000**, which has been issued based on the below mentioned details:

| Insured & Vehicle Details | |
|-----------------------------------|------------------------------|
| Name of Insured | VIJAY KAUTIKRAO PATIL |
| Period of Insurance | Aug 12, 2019 to Aug 11, 2020 |
| Vehicle Make / Model | HONDA MOTORCYCLE / ACTIVA. |
| RTO City | MAHARASHTRA-DHULE |
| Vehicle Registration No. | MH18AQ3223 |
| Vehicle Registration Date | Aug 12, 2014 |
| Engine No. | JF50E71154914 |
| Chassis No. | ME4JF502HE7154892 |
| Current Year NCB(%) | 45% |
| Previous Policy Details | |
| Previous Policy No. | 3005/134061229/00/000 |
| Previous Policy Period | 12-08-2017 to 11-08-2019 |
| Previous Year NCB(%) | 35% |
| Claims Made Under Previous Policy | 0 |
| Previous Insurer Name | ICICI LOMBARD |
| Previous Policy Type | Comprehensive Package |

The information provided above is based on the information received from you and accordingly, the policy has been processed. Coverage of risk is subject to realisation of the full premium, post which, insurance coverage under the policy would commence. In case the premium is not received by us due to cheque dishonour or any other reason, the insurance cover shall be void ab-initio.

We have issued the policy basis your confirmation that you hold a valid PUC and/or Fitness certificate, as applicable.

If you require any changes in the Certificate of Insurance cum Policy Schedule, you are requested to inform us by writing to customersupport@icicilombard.com or calling our 24 hour toll free helpline on 1800 2666. Absence of any communication within a period of 15 days of the date mentioned on this letter, would mean that the issued policy is in order and as per your proposal.

The information provided is merely illustrative and shall not be construed to be an evidence of existence of a contract of insurance. The Risk Assumption Letter is to be read in conjunction with the policy and shall be considered null and void without the same.

In case of a claim, immediately notify ICICI Lombard General Insurance Company Limited on the
Toll Free Number **1800 2666 / (Chargeable) 8655 222666** or SMS **"CLAIM"** to **575758**

Mailing Address: 401 & 402, 4th Floor, Interface 11, New Linking Road, Malad (West), Mumbai - 400 064, IRDA Reg. No. 115, CIN: L67200MH2000PLC129408